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Tackling child neglect: key developments in Wales

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Abstract

This paper on child neglect policy and practice issues in Wales comprises three elements. First we introduce the topic in the context of current family support services that seek to offer early intervention to tackle, inter alia, child neglect and other not unconnected harms and adversities in childhood. Secondly, we set out key findings from a Welsh Government commissioned study into developing a multi-partner strategy for reducing child neglect across Wales. Thirdly, we conclude with a summary of critical ingredients that are likely to configure the development of a national response to neglect in Wales. Together these elements provide a snapshot of recent progress made in service development and strategic planning.

Keywords: child neglect, family support, policy innovation, national focus, strategic elements, regional safeguarding boards

Positioning neglect

We do not address directly the sizeable research literature on child neglect and early intervention but introduce our paper with a selective and brief rehearsal of key themes relevant to developments in Wales. There are numerous operational definitions of child neglect but one common aspect is the emphasis on neglect as an act of omission. Unlike physical or sexual abuse, in which specific abusive acts are directed towards a child, neglect is typically defined by the absence of provision for a child's basic needs (Gough, 2005). The lack of firm consensus regarding the nature of neglect has impacted on our understanding of not only the scale of the problem, but also its causes, assessment and approaches to prevent or reduce its effects (Moran, 2009). Notwithstanding these difficulties, child protection statistics in the UK indicate neglect as the most common reason for child protection registrations or for a child protection plan (Burgess *et al.*, 2012; NSPCC, 2012). However, this may be the tip of an iceberg whereby the underlying scale of the problem could be up to 10 per cent of children in the UK suffering from neglect (Radford *et al.*, 2011). There is no single cause of neglect; neglectful families often suffer a combination of adversities with depression, domestic violence, substance misuse and poverty amongst key contributing factors (NSPCC, 2012). Recent research undertaken in Wales reveals that the more adverse childhood experiences (ACEs) a child suffers the more likely the child will suffer poor life outcomes (Public Health Wales, 2016).

Awareness of child neglect and its consequences on the development and future wellbeing of children has increased during the last two decades (Burgess *et al.*, 2012). However, its recognition remains inconsistent and referrals to services are often triggered by other events or concerns about vulnerable children (Taylor *et al.*, 2013). This is due in part to the lack of fit between the needs of children and families, how that need is expressed and the way professionals respond. Children who are neglected are unlikely to express the need for or seek help directly from statutory agencies (Cawson, 2002; Turnbull, 2015) and their parents are also likely to be poorly equipped to identify and make use of formal support services (Faver *et al.*, 1999). Neglect occurs on a spectrum and universal services, including teachers, health visitors, GPs, and the police are seen as having a key role in identifying and responding to signs of neglect, providing early support in cases of low level neglect and making appropriate referrals (NSPCC, 2015; Action for Children, 2013). Chronic neglect is often entrenched and a review of UK research by Burgess *et al.* (2012, p.20) notes a tendency for families to 'bounce in and out of services' and for neglect to become 'overtly complicated and process bound' in work processing systems.

Key challenges in tackling the often cumulative and disparate nature of chronic neglect (as opposed to acute singular incidents) reveal themselves in the way many agencies get involved and multiple interventions are attempted over time with limited impact. Families may be subject to numerous referrals and interventions over many years, with the tendency towards a 'start again syndrome' whereby new workers attempt to promote change without fully recognising a prior cycle of brief improvements and relapses by the family (Horwath *et al.*, 2010). Understandably, practitioners can feel overwhelmed by the scale and complexity of a neglectful family's needs (NSPCC, 2012) and hence the importance of standardized tools and protocols to assist in assessing, intervening and safeguarding. A review of tools by Barlow *et al.* (2012, p.10) commended the Graded Care Profile (GCP) for assessing neglect because of its comprehensive range of domains and accompanying descriptors that assist in formulating risk assessment and also its congruence with the Assessment Framework used in England and Wales. As we shall discuss later, amended versions of the GCP have been adopted by several local authorities and safeguarding boards in Wales.

Early intervention – a contested field?

In tackling neglect early on there is growing evidence of effectiveness of pre-school based interventions to support parents during pregnancy and early childhood (Schrader Mac-Millan *et al.*, 2011; Taylor *et al.*, 2013). Critical (and familiar) factors are the quality and intensiveness of programmes, fidelity to programme standards, and programme success in securing uptake and persistence by participants. Also, population-targeting around neglect and parenting issues and substantive investment in early intervention (EI) have been identified as key success factors by C4EO (2010). The need for more spending on assessment to identify neglect in its multiple social and emotional contexts, better inter-agency working, high quality pre-school education for 2-4 year olds, better maternity and paternity leave, and more support for all vulnerable first-time mothers via effective interventions (such as Family Nurse Partnerships) is advocated by Allen (2011) to tackle child development and parenting needs before these become entrenched. As importantly, Waldfogel & Washbrook (2011) note that a critical success factor is to do with those interventions that target multiple areas of need that can involve health, social care and education and which address children's cognitive and emotional development and parenting skills and capacities, as well as problems of poor environment.

While much of UK policy debate about neglect and EI in general assumes an early years indeed pre-natal response where necessary, we would assert the need for a supportive family service across the age range which can respond to not only the developing (and often disadvantaged) infant but to their older siblings and their parents/carers too. Indeed, the discussion later on about developments in Wales would suggest the nucleus of such a multilevel orientation to children across the age range. Wales like other UK countries has sought to develop its family provision against a backcloth of austerity in public service investments in recent years that has raised significant professional and media concern (BBC, 2011; 2013) about service capacity to assist all but the most pressing cases of children in need, particularly where there are protection concerns.

In tackling the complex and often resistant nature of neglect there has been no resort by Welsh Government to initiatives such as England's *Troubled Families Programme* (Department for Communities and Local Government, 2012) which targets hard to reach and hard to change families whose behaviour and complex needs are thought to require intentionally assertive engagement by family workers. While there have been negative claims over the programme's early impact (see Guardian, 2013; Mail online, 2013; Fletcher *et al.*, 2012), more recent observations and small project evaluations (Davies, 2015) suggest its method of 'payment by results' to local authorities has helped generate pro-social family functioning, better parenting and better take up of training and employment opportunities by family members. Such experiments across the border in England have not gone unnoticed in Wales but to date have not influenced policy developments directly. Instead, there has been a contrasting policy narrative accompanied by a series of discrete initiatives that aim to promote a flexible mix of

universal, specialist and targeted family *support* services (see WG, 2013a). These are not overtly anchored in some narrowly crafted ‘what works’ programme to be implemented irrespective of problem context and complexity nor focused assertively upon some ‘troubled’ sub-stratum deemed in need of treatment. Reductive programmes that are overly behaviourally focused and short term have often failed to sustain the desired outcomes (see Munro, 2011), instead the policy thrust in Wales recognizes that the complexity of family need requires a responsive, durable, multi-faceted and relationship-based approach.

As in the other UK countries, threats to child development such as early chronic neglect find their articulation within a widely accepted nostrum about the first 1000 days of infancy as the most critical for emotional and physical wellbeing. This debate, positioned evocatively in the Allen Report (2011) contains the assertion informed by neuro-scientific research that sustained neglect causes disastrous damage to the infant brain and demands swift and robust intervention. Such claims have been challenged by Featherstone *et al.* (2014) who question that there is conclusive evidence about the biological embedding of child maltreatment within particular timeframes and its irreversibility. They argue that such generalizing and dramatizing dicta are likely to help ratchet up the relentless climb in referrals to children’s services and subsequent protection registrations and admissions to care. Instead, they present the case for a more rounded and relational engagement with marginalised and hard to reach families exposed to chronic interwoven problems of poverty, alienation, crime, child neglect, lack of skills, and living in high-turnover risk-filled communities. They urge a response from family services that delivers early, and where necessary, open-ended practical and therapeutic support to children and families and which in some part responds to what parents say they need too (see also Penn & Gough, 2002; Pithouse, 2008; Davies, 2015).

The Welsh context

So what about services in Wales? People may understandably ask are these so very different from England? Well, yes and no. ‘Yes’, like England, we have universal early years child care initiatives and more targeted provision for families as we will outline shortly. And ‘No’, unlike England, there is a demographic and public service context that positions Wales, discursively at least, very differently to England. Here, the view that Wales traditionally returns left of centre governments has been made by leading Welsh politicians (see Morgan, 2004; 2006) together with the claim that this has led to a more progressive universalist welfare settlement and better protection of public services (see Drakeford, 2005; 2007). Such claims were rightly persuasive in relation to investments in children’s services overall in Wales and in tackling poverty in childhood in the last decade (see Pithouse, 2011), but times have changed. The arguments once made about Wales being in the vanguard of children’s public policy and services (see Butler, 2011) are today less convincing in the gloom of ongoing spending cuts since 2010 that have necessitated marked reductions in statutory and by extension voluntary provision in Wales. Thus behind a once confident rhetoric about progress on children’s rights made in the first decade of devolution in Wales (2000-2010) we have seen ground lost in the battle against child poverty (Crowley, 2011). That said, cuts to statutory social services have been offset by Welsh Government decisions to protect children’s services budgets from the full scale of reduction inflicted on other local authority services between 2011 and 2014 (see Thomas, 2011; Welsh Government, 2016a). Such moderating devices, while welcome, may not of course be ‘felt’ much by those at the frontline and here we pause to reflect on recent government statistics on children in need and what this might convey about the pressure on services and the incidence of neglect in Wales.

The most recent Children in Need Census at March 2015 (Welsh Government, 2016b) defines such children as those who receive local authority social services (i.e. have an open case for at least three months at census date) including those looked after. Some 19,385 children are so identified, or 308 per 10,000 children under 18, around 3% of the under 18 population. The figure has remained fairly constant at this level over the last 5 years. Clearly there is likely to be a much larger figure who are in need, not least amongst those one in three children (approx.

200,000) living in relative poverty in a household where earnings are less than 60% of the average wage in Wales (see Save the Children, 2016), but who have not come to notice or whose needs are deemed to be met through other non-statutory services. What we do know from the 2015 census is that 51% (9,960 children) of the 19,385 in need had come to notice because of abuse or neglect as the primary need, followed by child's disability (17%) and family dysfunction (14%). Some 68% of 2,310 children on the child protection register were there due to abuse or neglect, as were 66% of the 5,500 looked after children, as were 41% of 11,570 children who were either unborn or not looked after, or not on the CPR. As in previous years, those on the CPR are typically in the younger years, almost 70% aged 9 and under, with far fewer at 16 years and older (4%). The bulk of the looked after population are aged between 5 and 15 (3350) with the largest category 10 to 15 year olds (2025), and some 1200 aged 4 years and under (Welsh Government, 2016b).

Children in need in Wales suffer a wide educational attainment gap. At Foundation and Key Stage 2, some 87% of all pupils achieved the expected outcomes whereas this was the case for 55% of those in need. Those looked after fared slightly better in educational achievement than those not looked after but in need. Of significance are the factors appearing on referrals and, as in previous years, we see the continuing presence of domestic abuse, substance and alcohol abuse, and parental mental ill-health as the most frequent and sometimes overlapping factors instigating a referral to social services from mainly public service officials - health, police and other local authority services (Welsh Government, 2016b).

We can discern from the 2015 census that the rate of children coming into care (around 90 per 10,000) varies across Wales and overall is notably higher than the rate in England (see also Welsh Government, 2015a). Amongst the 5,500 looked after population features a preponderance of neglect cases and for many a relationship between becoming looked after and living in an area of marked deprivation. That said, there is no policy or guidance or agreed operational conventions about what might be the 'right' number of children in care in any particular local authority (see Welsh Local Government Association, 2013, p.31). It is against this backdrop of sustained public service cuts, highly pressured children's services, devolution, and chronic social and economic challenges stemming from an ageing post industrial society that we must make sense of investments in family support services in Wales that we outline next.

An emerging family support framework for children and families

Integrated and enhanced early years childcare, early intervention, and family support services are part of Welsh Government's ambitious 10 year programme outlined in *Building a Brighter Future: Early Years and Childcare Plan* (WG, 2013a) that explicitly aims to give children a better start, parents more support to train and work, and to promote a fairer society overall. We do not explore all aspects of this multi-stranded project but focus on three government funded elements that seek to intervene early in a range of needs including neglect. These comprise Flying Start (FS) for children under four and their parents in targeted areas of social deprivation. FS is a multi-agency early intervention initiative that is neither statutory nor compulsory. It offers 'universal' entitlements to families in targeted areas of disadvantage across Wales that include: (i) an enhanced health visitor service, (ii) free child care for children aged 2 to 3 years for 2.5 hours a day five days a week for 39 weeks of the year, (iii) evidence-based parenting support programmes and (iv) support for early language development. It was launched by Welsh Government in 2006 and operational since 2007/8 with the aim to make a 'decisive' difference to the life chances of children under four in the areas where it runs (WG, 2013b, p.1).

By contrast, the Families First (FF) scheme for families with children of all ages has three key objectives: (i) to reduce the number of families in workless households, (ii) improve skills of parents and young people in low income households so as to secure better paid work, (iii) to support families achieve better health and education outcomes for children, particularly those with a disability, and to prevent families developing more complex needs. The scheme requires

local authorities to generate inter-agency 'team around the family' (TAF) support in order to capture the range of help that disadvantaged parents and children need (see Welsh Government, 2013c).

Much more specialist and highly targeted is the regionally structured Integrated Family Support Service (IFSS) comprising social services-led inter-disciplinary teams that engage with families with more complex needs around mental health, drug/alcohol misuse, anti-social behaviour. Court involvement is not uncommon in the way families get connected to the service. The intensive nature of the initial intervention followed by monitoring and ongoing support has been welcomed by most families (Welsh Government, 2014; 2015b).

Together, this arc of provision intends to deliver a citizen model of early intervention through multi-agency provision that offers early years support through to help with employment, training and additional needs and on to intensive intervention for families with children at any age at crisis point. Their core aims include, explicitly, the intention to offset disadvantage and reduce the number of families developing more complex needs warranting statutory intervention (see WG, 2013d). These three programmes are discussed in more detail elsewhere (see Pithouse & Emlyn-Jones, 2015) as are their aims, uptake, costs, and evaluations (Ipsos Mori, 2013; SQW, 2013; SQW & Ipsos Mori, 2014; Welsh Government, 2013e; 2014).

What remains of note is that within the above schemes the notion of neglect is not viewed as some insulated matter of parenting deficit but understood within a web of structural, community, family and individual circumstances and needs. Yet, collectively this varied provision for families can only be seen as necessary rather than sufficient in tackling the complex and pernicious nature of neglect. That much is recognized by Welsh Government which in 2014/15 commissioned a project into ways to generate a more strategized, evidenced and inclusive approach to tackling neglect by statutory services, their partners (including the above schemes), and Welsh Government too. That study's key messages are outlined below.

The Wales Neglect Project (WNP) – a future planned?

Welsh Government in 2013 funded a twin-phased two-year project from Action for Children – Gweithredu drs Blant and NSPCC (Cymru/Wales) to scope, with partners, key areas for multiagency action to tackle child neglect. In phase 1 the project consulted multi-agency practitioners on their current response to neglect and what support they needed and commissioned evidence gathering from Cardiff University (Holland *et al.*, 2013). This study investigated current practice in the statutory sector including use of neglect tools, protocols, multi-agency working, relationships with families, planning and decision making. Phase 2 in 2014/15 involved working with partners on solutions to issues identified in year 1.

The phase 1 research involved: (i) structured telephone interviews with leads in the 22 local authority-led safeguarding children boards (LSCBs) across Wales, (ii) a desk-based survey and documentary analysis of LSCBs' tools and protocols, and (iii) a more in-depth case study of the use of tools involving focus groups with a purposive sample of participants drawn from two LSCBs comprising seven local authorities, two health boards and two police forces. These agencies represented most of the different types of statutory bodies across valley, urban, coastal and rural contexts, and also Welsh language use (high/low). The criteria for inclusion in the focus groups included the developed use of tools and protocols by a local authority and its partners (including third sector) for identifying and assessing neglect. Some 57 practitioners and managers from a range of occupations explored their experiences using four vignettes of realistic family scenarios to generate reflective discussion around effective interventions and the impact of tools and protocols. The work settings of the participants were social work (37%); multi-disciplinary team, e.g. Families First and Flying Start (20%); criminal and youth justice (20%); education (10%); health (6%) and voluntary sector (6%). Thematic analysis of the telephone interview and focus group data (see Holland *et al.*, 2013) revealed, perhaps predictably, a mixed picture across Wales, as we discuss next.

Identifying and assessing child neglect: the use of tools and protocols

The phase 1 study revealed that all 22 LSCBs were working to embed a more systemic approach to identifying and working with child neglect. Standardized tools for identifying and assessing child neglect are a key part of this drive and all LSCBs reported their use in the past 12 months or more with over a third actively promoting specific tools. The Graded Care Profile (GCP) was the most commonly cited with 12 local authorities reporting that they used a version of this tool. At least nine other tools were reported in use including specialist ones for adolescents and children with disabilities. Social workers were more likely than other professionals to use tools and more likely to express confidence in their practice with cases of child neglect.

Factors that emerged as helping to put in place standardized tools and protocols included: dynamic lead individuals, stable staff groups, multi-agency training, good communication between agencies, effective information sharing arrangements and opportunities for joint working. The barriers identified included high staff turnover, workload issues and uncertainty regarding ongoing structural change (including regionalization). Generally, there was a sense that LSCBs needed more time and a long term strategy to embed the necessary changes in working practices. There was a shared view that the use of tools and protocols can be valuable in improving neglect assessment and planning but should not be seen as a substitute for analytic skills and robust decision-making.

Focus groups and interviews with a range of practitioners from both the statutory and voluntary sectors indicated the importance of (i) working with some families on a long term basis, (ii) the importance of multi-faceted interventions that tackle a range of factors, (iii) being considerate of protective as well as risk factors, and (iv) using parent/child friendly approaches. The preventive support available through home visiting and parenting programmes delivered through Flying Start, and the social network support and parenting programmes delivered through Families First, were cited as valuable and effective as were therapeutic approaches with parents and children delivered through children's services. The regional Intensive Family Support Service (IFSS) was seen in some areas as having much potential to tackle chronic, entrenched and complex child neglect for children and families on the edge of care proceedings.

The importance of having a lead worker to coordinate interventions was emphasised by practitioners when working at early or more chronic stages of neglect. In cases of more severe neglect this role was likely to be performed by a social worker or in some cases by an IFSS worker. In cases where the circumstances failed to meet the threshold for social services intervention, the discussions in the focus groups illustrated how in some authorities this important role was being fulfilled by coordinators within the Families First or Flying Start programmes. Such accounts illustrated how these government funded programmes play or have potential to play a significant role in supporting vulnerable children and families and preventing child neglect from escalating to unacceptable levels. However, some social work respondents intimated reservations about whether Families First or Flying Start staff were sufficiently skilled to address child neglect, particularly with hard to change and/or hard to reach families.

Multi-agency working

The need to strengthen joint working across agencies and disciplines was a key point made in many of the focus groups and interviews. Respondents frequently noted that this was one of the biggest challenges in work on child neglect with which everyone struggles. The case for more integration and co-location of services, secondments across agencies, pooled budgets and resources, knowledge transfer, and dedicated opportunities for professionals to meet and reflect upon work with particular cases where child neglect features were expressed by many respondents and find support in other research (Daniel *et al.*, 2009; Horwath *et al.*, 2010). Communication and liaison between social services and schools about neglect seemed to be a

particular challenge. Also noted was the need for better strategic coordination at regional and national levels across children's social services and education and how these connect with national preventative programmes such as Families First and across Flying Start.

Relationships with families

Building up a trusting and enduring relationship with parents was seen as important in motivating and engaging parents in changing behaviour and parenting children in safer ways. It was suggested that it was often necessary to focus on the needs of the parents first of all to help them get to a point where they could see what needed to be done and feel confident to parent their children. A number of practitioners referred to the wide use of motivational interviewing techniques and the importance of treating motivation as a key factor in dealing effectively with neglect. The importance of tools and protocols to help identify and communicate back to parents '*what getting it good enough looks like*' was commented upon as was the need for more recognition of the value of explicit contracts with parents. Notably, some respondents cautioned that government funded family support programmes might sometimes be too focused on changing adult behaviours in the context of tackling poverty and insufficiently focused on the lived experience of the child. In all of these observations there were warnings about the impact of staff turnover and the high caseloads of social workers and health visitors and the associated demands of their work processing systems (see Munro, 2011).

Planning and decision-making

The imperative of prompt and decisive planning and decision-making was highlighted in focus groups and interviews with regard to severe and chronic cases of child neglect. The importance of building up evidence of neglect was emphasised in such cases and links were made to the contribution that standardized tools and protocols can make in that context. While respondents acknowledged that a graduated response was needed to child neglect there were concerns that in those more difficult cases it was critical to spell out to parents firmly the objectives of the plan, what parents had to do, the desired outcomes for the children, and what would be the consequences if these objectives were not achieved.

In summary, the phase 1 enquiry of the WNP study revealed a mixed picture across Wales. There is much to be welcomed in the increasing investment by LSCBs and their partners in the use of neglect tools and protocols and in the additional resource provided through national family support services such as Flying Start, Families First, and the Integrated Family Support Service. Yet there remain for many participants problems of poor communication, staff shortages and anxieties about future resourcing. Respondents argued the case for better coordination and strategic drive at regional and national level in regard to the way the new national prevention services (Flying Start, Families First, IFSS) link together and also engage more closely with statutory children's services, education and health. The impact of children's services in responding to child neglect was also viewed as variable. Some respondents were very positive about the sorts of services that social workers and their partners provide in response to child neglect and cited creative and intensive interventions and ongoing support. Others spoke of crisis-led and limited provision, thresholds that were high and where social workers had little time to work directly with families. This uneven service context revealed in the mapping exercise by Holland *et al.* (2013) informed phase 2 of the WNP study which set out the following key elements that will help inform a new strategic response to neglect in Wales.

Phase 2 of the Welsh Neglect Project

Based upon the operational issues that came to light in phase 1 a number of work streams were initiated in 2014/15 by the WNP that collectively aimed to systematize an all-Wales approach to neglect. These work streams addressed joint strategic planning, everyday practice, service coordination and governance; more specifically:

- Local population level needs assessment
- Multi-agency neglect protocols
- Multi-agency neglect assessment tools for individual children and families
- Research into the role of education services in tackling neglect
- Training arrangements for multi-agency staff
- Governance and oversight of multi-agency improvement.

Multiple reports on the above were summarized and submitted by NSPCC and Action for Children to Welsh Government in 2015 (see Stevens & Laing, 2015) as part of the WNP's outputs. The report will be referred in 2016 to the government's long standing Improving Outcomes for Children Strategic Steering Group to determine next steps in generating a new Wales wide response. The key messages emanating from the above report are outlined next.

In respect of local area population needs assessments a number of data sources were identified in a phase 2 review of planning and commissioning across Wales. Promising practice was identified in the way some authorities were collecting data on neglect and acting upon risk factors, from these the WNP was able to specify a uniform framework to map the relative incidence of risk factors which combine to give a likely heightened risk of child neglect. Predictably, amongst the prominent risk factors are poverty, parental substance misuse, domestic violence, parental mental health needs, poor housing. Additional and more nuanced data sources were also noted in the WNP report. Relatedly, the new Social Services and Wellbeing (Wales) Act 2014 (Part 2) requires local authorities and partner health boards to have comprehensive population needs assessments in place by 2017 and detailed advances have already been made in their design. The child neglect aspect of these designs will be further explored by Welsh Government in 2016 and the framework proposals from the WNP will be examined in this context.

In respect of child and family assessment of neglect, the WNP phase 2 study acknowledges that no tool can capture all aspects of neglect; nor is there some simple and universal screening tool available to all practitioners working with children that can help identify 'first concerns'. The need for further development of basic screening techniques is noted. The prevalence of the Graded Care Profile tool across many local authorities is acknowledged and the report suggests that Welsh Government should endorse the GCP as a primary or recommended tool but not exclusively so, recognizing there will be a need for other or complementary options.

The WNP report strongly promotes the idea of an All Wales Child Neglect protocol that will clearly embed a shared responsibility for identifying and tackling neglect, including the use of evidence-based assessment tools, the role of preventive services in addressing neglect, training and reviews, information sharing and referral processes, and designated neglect specialists in key agencies. It is likely that such a proposal will be considered by Welsh Government in relation to the Social Services and Wellbeing (Wales) Act 2014 (Part 7) which establishes a National Safeguarding Board and seven new Regional Safeguarding Children Boards (RSCBs) to cooperate and act jointly with partners and other RSCBs. The national and regional boards replace the 22 SCBs operating at local authority level and are likely to play a lead role in the way any future neglect protocols are crafted. In regard to key RSCB partners, the roles of professionals in early years services and education were viewed as critical by the WNP in identifying early signs of neglect. The report urges clarity over expectations regarding

their role in providing help for children experiencing low level neglect, particularly in collaboration with other local family support services. In responding to these and other issues of contribution and alignment, a Wales protocol could be a vital step in delivering a shared and universalizing approach.

Families' needs may be multiple and disparate, and as noted earlier, practitioners can feel overwhelmed by a neglectful family's difficulties. Hence, good professional support and supervision were identified in the WNP as crucial in giving practitioners confidence in taking early action before circumstances reach a point where referring to social services becomes unavoidable. Similarly, a comprehensive training with sources of advice were viewed as imperative by WNP. Notably, the phase 2 study found more consistent inter-collegiate training and guidance across health boards on neglect than was evidenced across local authorities who displayed much variation in frequency and content of training.

Linked to the imperative of a cyclical and well-focused training agenda is the ever present matter of information sharing, forums for developing best practice in neglect, joint working agreements. Enhanced training for new parents and lessons for children in wellbeing and how to access advice were also connected matters raised in the WNP phase 2 work stream report. Such messages will doubtless attract the ear of government and any new responsibility for an enhanced systemic training in neglect is likely to locate with RSCBs and their local government, health and other partners. While the above elements of a new framework for tackling neglect can be found in the detail of the work stream reports that inform the WNP (Stevens & Laing, 2015), the single most important matter of open and supportive relationships with children and families was not overlooked and features throughout the project outputs.

Conclusion

Responding to the above key messages will very much be a work in progress throughout 2016/17 by Welsh Government and its partners across Wales. The thematic focus of this ongoing development activity can be summarized thus:

- **Needs** assessment by local authorities and local health boards of local populations to evidence the nature and scope of child neglect in the area
- **Evidence** based tools that skill and support professionals to identify, assess and respond to child neglect wherever it may become apparent
- **Governance** arrangements to support local and regional responses based upon those assessment outcomes and a common partnership approach
- **Leadership** arrangements at national, regional and local level that empower staff to exercise their professional judgement
- **Early** and effective support through intervention and prevention programmes which address inappropriate parental behaviours and build a family environment that nurtures development and wellbeing
- **Confident** and competent workforce able to respond to the broad and often complex influences and environments
- **Training** to embed the professional skills necessary to address neglect in Wales.

The Welsh Government's Improving Outcomes for Children Strategic Steering Group will embed these core elements as part of their forward work programme in 2016. This will bring a focus on the resources and skills that build both workforce and family capacity. Effective, evidence-based practice that reinforces family support and family resilience and which avoids net-widening of protection investigations will at the same time sit alongside swift and decisive actions to protect children from harm where required. The pace, impact and success of this development work of course remains an empirical question and one that Welsh Government should not overlook in its oversight of progress made in the battle against child neglect.

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